

Advancement opportunities for elected officials are not clearly defined. Because elected positions normally require a period of residency and local public support is critical, officials usually advance to other offices only in the jurisdictions where they live. For example, council members may run for mayor or for a position in the State government, and State legislators may run for governor or for Congress. Many officials are not politically ambitious, however, and do not seek advancement. Others lose their bids for reelection or voluntarily leave the occupation. A lifetime career as a government chief executive or legislator is rare.

Job Outlook

Overall, little or no change in employment is expected among government chief executives and legislators through 2008. Few new governments at any level are likely to form, and the number of chief executives and legislators in existing governments rarely changes. However, some increase will occur at the local level as counties, cities, and towns take on professional managers or move from volunteer to paid, career executives to deal with population growth, Federal regulations, and long-range planning.

Elections give newcomers the chance to unseat incumbents or to fill vacated positions. The level of competition in elections varies from place to place. There tends to be less competition in small communities that offer part-time positions with low or no salaries and little or no staff compared to large municipalities with prestigious full-time positions offering high salaries, staff, and greater exposure.

Earnings

Median annual earnings of government chief executives and legislators were \$19,130 in 1998. The middle 50 percent earned between \$12,090 and \$47,470. The lowest 10 percent earned less than \$11,460, and the highest 10 percent earned more than \$81,230.

Earnings of public administrators vary widely, depending on the size of the governmental unit and on whether the job is part time, full time and year round, or full time for only a few months a year. Salaries range from little or nothing for a small town council member to \$200,000 a year for the President of the United States.

The International City/County Management Association reports the average annual salary of chief elected city officials was about \$12,900, and the average salary for city managers was \$70,500 in 1997. According to the International Personnel Management association, city managers earned an average of \$101,800 and county managers \$95,500 in 1999. Also, the National Conference of State Legislatures reports that the salary for legislators in the 40 States that paid an annual salary and the District of Columbia ranged from \$3,700 in South Dakota on even years to \$75,600 in California and \$80,600 in the District of Columbia. In 8 States, legislators received a daily salary plus an additional allowance for living expenses while legislatures were in session. New Hampshire paid no expenses and \$200 per 2-year term, while New Mexico paid no salary at all but did pay a daily expense allowance.

The Council of State Governments reports in their *Book of the States, 1998-99* that gubernatorial annual salaries ranged from a low of \$60,000 in Arkansas to a high of \$130,000 in New York. In addition to a salary, most governors received benefits such as transportation and an official residence. The governor of Florida has the largest staff with 264 while the governor of Wyoming has the smallest with 14.

In 1999, U.S. Senators and Representatives earned \$136,700, the Senate and House Majority and Minority leaders earned \$151,800, and the Vice President was paid \$175,400.

Related Occupations

Related occupations include managerial positions that require a broad range of skills and administrative expertise, such as corporate chief executives and board members, as well as high ranking officers in the military.

Sources of Additional Information

Information on appointed officials in local government can be obtained from:

- The Council of State Governments, P.O. Box 11910, Iron Works Pike, Lexington, KY 40578-1910. Internet: <http://www.statesnews.org>
- International City Management Association (ICMA), 777 North Capital NE., Suite 500, Washington, DC 20002. Internet: <http://www.icma.org>
- National Association of Counties, 440 First St. NW., Suite 800, Washington, DC 20001. Internet: <http://www.naco.org>
- National League of Cities, 1301 Pennsylvania Ave. NW., Washington, DC 20004. Internet: <http://www.nlc.org>

Health Services Managers

(O*NET 15008A and 15008B)

Significant Points

- Earnings of health services managers are high, but long work hours are common.
- Employment will grow fastest in home health agencies, residential care facilities, and practitioners' offices and clinics.

Nature of the Work

Health care is a business and like every other business, it needs good management to keep it running smoothly, especially during times of change. The term "health services manager" encompasses individuals who plan, direct, coordinate, and supervise the delivery of health care. Health services managers include generalists and specialists. Generalists manage or help to manage an entire facility or system, while specialists are in charge of specific clinical departments or services.

The structure and financing of health care is changing rapidly. Future health services managers must be prepared to deal with evolving integrated health care delivery systems, restructuring of work, technological innovations, and an increased focus on preventive care. They will be called upon to improve efficiency in health care facilities and the quality of the health care provided. Increasingly, health services managers work in organizations in which they must optimize efficiency of a variety of interrelated services, ranging from inpatient care to outpatient follow-up care, for example.

Large facilities usually have several assistant administrators to aid the top administrator and to handle daily decisions. They may direct



Health services managers must deal with evolving health care delivery systems.

activities in clinical areas such as nursing, surgery, therapy, medical records or health information; or in nonhealth areas such as finance, housekeeping, human resources, and information management. (Because the nonhealth departments are not directly related to health care, these managers are not included in this statement. For information about them, see the statements on managerial occupations elsewhere in the *Handbook*).

In smaller facilities, top administrators handle more of the details of daily operations. For example, many nursing home administrators manage personnel, finance, facility operations, and admissions, and have a larger role in resident care.

Clinical managers have more specific responsibilities than generalists, and have training and/or experience in a specific clinical area. For example, directors of physical therapy are experienced physical therapists, and most health information and medical record administrators have a bachelor's degree in health information or medical record administration. These managers establish and implement policies, objectives, and procedures for their departments; evaluate personnel and work; develop reports and budgets; and coordinate activities with other managers.

In group practices, managers work closely with physicians. Whereas an office manager may handle business affairs in small medical groups, leaving policy decisions to the physicians themselves, larger groups usually employ a full-time administrator to advise on business strategies and coordinate day-to-day business.

A small group of 10 or 15 physicians might employ one administrator to oversee personnel matters, billing and collection, budgeting, planning, equipment outlays, and patient flow. A large practice of 40 or 50 physicians may have a chief administrator and several assistants, each responsible for different areas.

Health services managers in health maintenance organizations (HMOs) and other managed care settings perform functions similar to those in large group practices, except their staffs may be larger. In addition, they may do more work in the areas of community outreach and preventive care than managers of a group practice. The size of the administrative staff in HMOs varies according to the size and type of HMO.

Some health services managers oversee the activities of a number of facilities in health systems. Such systems may contain both inpatient and outpatient facilities and offer a wide range of patient services.

Working Conditions

Most health services managers work long hours. Facilities such as nursing homes and hospitals operate around the clock, and administrators and managers may be called at all hours to deal with problems. They may also travel to attend meetings or inspect satellite facilities.

Employment

Health services managers held about 222,000 jobs in 1998. Almost one-half of all jobs were in hospitals. About 1 in 4 were in nursing and personal care facilities or offices and clinics of physicians. The remainder worked mostly in home health agencies, ambulatory facilities run by state and local governments, offices of dentists and other health practitioners, medical and dental laboratories, residential care facilities, and other social service agencies.

Training, Other Qualifications, and Advancement

Health services managers must be familiar with management principles and practices. A master's degree in health services administration, long-term care administration, health sciences, public health, public administration, or business administration is the standard credential for most generalist positions in this field. However, a bachelor's degree is adequate for some entry-level positions in smaller facilities and for some entry-level positions at the departmental level within health care organizations. Physicians' offices and some other facilities may substitute on-the-job experience for formal education.

For clinical department heads, a degree in the appropriate field and work experience may be sufficient for entry, but a master's

degree in health services administration or a related field may be required to advance. For example, nursing service administrators are usually chosen from among supervisory registered nurses with administrative abilities and a graduate degree in nursing or health services administration.

Bachelor's, master's, and doctoral degree programs in health administration are offered by colleges, universities, and schools of public health, medicine, allied health, public administration, and business administration. In 1999, 67 schools had accredited programs leading to the master's degree in health services administration, according to the Accrediting Commission on Education for Health Services Administration.

Some graduate programs seek students with undergraduate degrees in business or health administration; however, many graduate programs prefer students with a liberal arts or health profession background. Candidates with previous work experience in health care may also have an advantage. Competition for entry to these programs is keen, and applicants need above-average grades to gain admission.

These programs usually last between 2 and 3 years. They may include up to 1 year of supervised administrative experience, and course work in areas such as hospital organization and management, marketing, accounting and budgeting, human resources administration, strategic planning, health economics, and health information systems. Some programs allow students to specialize in one type of facility—hospitals; nursing homes; mental health facilities; HMOs; or medical groups. Other programs encourage a generalist approach to health administration education.

New graduates with master's degrees in health services administration may start as department managers or in staff positions. The level of the starting position varies with the experience of the applicant and size of the organization. Hospitals and other health facilities offer postgraduate residencies and fellowships, which usually are staff positions. Graduates from master's degree programs also take jobs in HMOs, large group medical practices, clinics, mental health facilities, multifacility nursing home corporations, and consulting firms.

Graduates with bachelor's degrees in health administration usually begin as administrative assistants or assistant department heads in larger hospitals, or as department heads or assistant administrators in small hospitals or nursing homes.

All States and the District of Columbia require nursing home administrators to have a bachelor's degree, pass a licensing examination, complete a State-approved training program, and pursue continuing education. A license is not required in other areas of health services management.

Health services managers are often responsible for millions of dollars of facilities and equipment and hundreds of employees. To make effective decisions, they need to be open to different opinions and good at analyzing contradictory information. They must understand finance and information systems, and be able to interpret data. Motivating others to implement their decisions requires strong leadership abilities. Tact, diplomacy, flexibility, and communication skills are essential because health services managers spend most of their time interacting with others.

Health services managers advance by moving into more responsible and higher paying positions, such as assistant or associate administrator, or by moving to larger facilities.

Job Outlook

Employment of health services managers is expected to grow faster than the average for all occupations through 2008 as health services continue to expand and diversify. Opportunities for health services managers should be closely related to growth in the industry in which they are employed. Opportunities will be especially good in home health care, long-term care, and nontraditional health organizations, such as managed care operations and consulting firms—particularly for health services managers with work experience in the health care field and strong business and management skills.

Hospitals will continue to employ the most managers, although the number of jobs will grow slowly compared to other areas. As

hospitals continue to consolidate, centralize, and diversify functions, competition will increase at all job levels.

Employment will grow the fastest in home health agencies, residential care facilities, and practitioners' offices and clinics. Many services previously provided in hospitals will be shifted to these sectors, especially as medical technologies improve. Demand in medical group practice management will grow as medical group practices become larger and more complex. Health services managers will need to deal with the pressures of cost containment and financial accountability, as well as the increased focus on preventive care. They will also become more involved in trying to improve the health of their communities.

Health services managers will also be employed by health care management companies who provide management services to hospitals and other organizations, as well as specific departments such as emergency, information management systems, managed care contract negotiations, and physician recruiting.

Earnings

Median annual earnings of medical and health service managers were \$48,870 in 1998. The middle 50 percent earned between \$37,900 and \$71,580 a year. The lowest 10 percent earned less than \$28,600 and the highest 10 percent earned more than \$88,730 a year. Median annual earnings in the industries employing the largest number of medical and health service managers in 1997 were as follows:

Hospitals	\$52,600
Home health care services	45,800
Health and allied services, not elsewhere classified	44,700
Nursing and personal care facilities	43,600
Offices and clinics of medical doctors	39,600

Earnings of health services managers vary by type and size of the facility, as well as by level of responsibility. For example, the Medical Group Management Association reported that the median salary in 1998 for administrators by group practice size was: fewer than 7 physicians, \$60,000; 7 to 25 physicians, \$76,700; and more than 26 physicians, \$124,500.

According to a survey by *Modern Healthcare* magazine, median annual compensation in 1998 for managers of the following clinical departments was: Respiratory therapy, \$57,700; home health care, \$62,400; ambulatory and outpatient services, \$66,200; radiology, \$66,800; clinical laboratory, \$66,900; physical therapy, \$68,100; rehabilitation services, \$73,400; and nursing services, \$100,200. Salaries also varied according to size of facility and geographic region.

According to the Buck Survey conducted by the American Health Care Association in 1997, nursing home administrators' median annual earnings were \$52,800. The middle 50 percent earned between \$44,300 and \$60,300 a year. Assistant administrators had median annual earnings of about \$35,000, with the middle 50 percent earning between \$28,700 and \$41,200.

Related Occupations

Health services managers have training or experience in both health and management. Other occupations requiring knowledge of both fields are public health directors, social welfare administrators, directors of voluntary health agencies and health professional associations, and underwriters in health insurance companies.

Sources of Additional Information

General information about health administration is available from:

• American College of Healthcare Executives, One North Franklin St., Suite 1700, Chicago, IL 60606. Internet: <http://www.ache.org>

Information about undergraduate and graduate academic programs in this field is available from:

• Association of University Programs in Health Administration, 730 11th St., NW., Washington, DC 20001-4510.

Internet: <http://www.aupha.org>

For a list of accredited graduate programs in health services administration, contact:

• Accrediting Commission on Education for Health Services Administration, 730 11th St., NW., Washington, DC 20001-4510.

For information about career opportunities in long-term care administration, contact:

• American College of Health Care Administrators, 325 S. Patrick St., Alexandria, VA 22314.

For information about career opportunities in medical group practices and ambulatory care management, contact:

• Medical Group Management Association, 104 Inverness Terrace East, Englewood, CO 80112.

For information about health care office managers, contact:

• Professional Association of Health Care Office Managers, 461 East Ten Mile Rd., Pensacola, FL 32534-9712.

Internet: <http://www.pahcom.com>

Hotel Managers and Assistants

(O*NET 15026A)

Significant Points

- Long hours and the stress of dealing with hotel patrons result in high turnover among hotel managers.
- College graduates with degrees in hotel or restaurant management should have good job opportunities.

Nature of the Work

A comfortable room, good food, and a helpful hotel staff can make being away from home an enjoyable experience for both vacationing families and business travelers. Hotel managers and assistant managers help their guests have a pleasant stay by providing many of the comforts of home, including cable television, fitness equipment, and voice mail. Additionally, some hotels have health spas and other specialized services that the hotel manager and assistant help keep running smoothly. For business travelers, hotel managers often schedule available meeting rooms and electronic equipment, including slide projectors and fax machines.

Hotel managers are responsible for keeping the operation of their establishments efficient and profitable. In a small hotel, motel, or inn with a limited staff, the manager may oversee all aspects of operations. However, large hotels may employ hundreds of workers, and the general manager is usually aided by a number of assistant managers assigned to the various departments of the operation. In hotels of every size, managerial duties vary significantly by job title.

The *general manager*, for example, has overall responsibility for the operation of the hotel. Within guidelines established by the owners of the hotel or executives of the hotel chain, the general manager sets room rates, allocates funds to departments, approves expenditures, and establishes standards for service to guests, decor, housekeeping, food quality, and banquet operations. Managers who work for chains may also organize and staff a newly built hotel, refurbish an older hotel, or reorganize a hotel or motel that is not operating successfully. In order to fill some low-paying service and clerical jobs in hotels, some general managers attend career fairs. (For more information, see the statement on general managers and top executives elsewhere in the *Handbook*.)

Resident managers live in hotels and are on call 24 hours a day to resolve problems or emergencies. In general, though, they typically work an 8-hour day and oversee the day-to-day operations of the hotel. In many hotels, the general manager is also the resident manager.

Executive housekeepers ensure guest rooms, meeting and banquet rooms, and public areas are clean, orderly, and well maintained. They also train, schedule, and supervise the work of housekeepers, inspect rooms, and order cleaning supplies.

Front office managers coordinate reservations and room assignments as well as train and direct the hotel's front desk staff. They ensure that guests are treated courteously, complaints and problems are resolved,